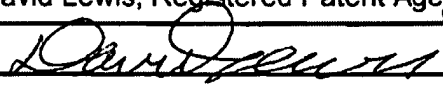



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/003,341	
	Filing Date	10/31/2001	
	First Named Inventor	Varda Treibach-Heck	
	Art Unit	3627	
	Examiner Name	Asfand M. Sheikh	
Total Number of Pages in This Submission	9	Attorney Docket Number	58-2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Information Disclosure Cover Letter.
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	David Lewis, Registered Patent Agent		
Signature			
Printed name	David Lewis		
Date	Feb 6, 2008	Reg. No.	33,101

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	David Lewis	Date Feb 6, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180**Complete if Known**

Application Number	10/003,341
Filing Date	10/31/2001
First Named Inventor	Varda Treibach-Heck
Examiner Name	Asfand M. Sheikh
Art Unit	3627
Attorney Docket No.	58-2

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 503345 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)**Small Entity Fee (\$)**

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

210

105

370

185

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

20 - 20 or HP = 0 x 25 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

3 - 3 or HP = 0 x 105 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Information Disclosure Statement Submission Fee 1.17(p)

180

SUBMITTED BY

Signature		Registration No. 33,101 (Attorney/Agent)	Telephone (408) 993-1800
Name (Print/Type)	David Lewis	Date	Feb 6, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

I certify that this correspondence was submitted via the US Patent and Trademark Office's electronic filing system on or before the date of Feb 5, 2008.

David Lewis
David Lewis

Serial Number:	10/003,341
Art Unit:	3627
Filing Date:	October 31 st , 2001
First Named Inventor:	Varda Treibach-Heck
Docket Number:	58-2
Confirmation Number:	5260
Title:	Multi-Party Reporting System and Method

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Information Disclosure Statement

Attached is a form PTO SB/08 (in duplicate) in compliance with 37 CFR §1.97 and §1.98.

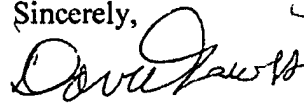
The references listed on the PTO/SB/08 may or may not be material to the prosecution and may or may not be prior art. The submission of this information disclosure statement is not to be construed as an admission that this reference is material to this application or is prior art.

The references cited in the attached SB/08A and SB/08B forms were cited in a related foreign application.

It is the applicant's understanding that the attached fee transmittal sheet authorizes the Commissioner to charge account number 503345 the required fee and any underpayments or overpayments. If the fee transmittal is inadvertently missing or is otherwise incorrect, this document authorizes the Commissioner to charge the fees due to the account mentioned above.

The Examiner is invited to call the Applicant's representative at the number below
if it will further the prosecution or expedite resolving any issues in any way.

Feb 6, 2008
Date

Sincerely,

David Lewis

Registration Number 33,101
1250 Aviation Avenue, Suite 200B
San Jose, California 95110

Telephone Number 408-993-1800
Fax Number 408-993-1800